



ANNUAL REPORT 2017



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EXECUTIVE DIRECTOR SUMMARY

Fairhaven demonstrates a Resident-centered approach by providing customized care based on individuals' needs. This report illustrates how our vision, values, performance, innovation, quality indicators, and our focus on safety, has translated into "action" and our role in the community.

Fairhaven is a not-for-profit (NFP) municipal home; there is no need to budget for surplus funds to support or maintain a profit margin.

There has been several research findings that indicate municipally owned Homes provide the highest quality of care. Furthermore, AdvantAge Ontario conducted a study in 2015 regarding waitlist data and consumer preference. Based on the most current report (April 2015), AdvantAge Ontario calculated that, while just over 40% of Homes are NFP, about 70% of people on the waitlist identify NFP Homes as their first choice.

There is also a clear, elevated level of transparent accountability in municipal Homes. While all facilities have boards of directors, only the boards of municipal Homes are comprised primarily of publically elected persons and, as such, are more accessible and more directly accountable to the public. Municipal governments also have a stringent annual budget process which is required to be publically deliberated by its Council. They are not bound by the same commercial confidentiality as private providers. Residents, or their relatives, know that they can call their elected representatives when they need assistance or when they have a complaint. It is not difficult to understand the impact that this direct representative access can have on standards of care.

Our 256 bed long term care Home has eight Resident Home Areas (RHA) with thirty-two beds, and one RHA designated as a secure Home area. We provide a continuum of care for individuals of all ages with various challenges. Long term care has changed drastically over the past few years in that we are providing care for individuals with responsive and mental behaviors at younger ages, along with the frail elderly.

Fairhaven has been accredited through Accreditation Canada (AC) since 2007. In May of 2018, we will once again be surveyed by AC (last review took place in 2013), which is one of

many avenues through which our Home must prove that we are truly following our philosophy of “caring for generations”, making Fairhaven a spectacular place to work and live.

Fairhaven’s Resident focused and holistic approach takes into consideration individuals’ social, intellectual, physical, psychological, and spiritual priorities. These include lifestyle, values, and needs. On a daily basis, our staff, volunteers and physicians touch the lives of Residents and their families by providing care with competence, dedication, and compassion.

Fairhaven’s Committee of Management has endorsed the formation of an LGBTQ Diversity Initiative Task Group at Fairhaven to support the goal of creating and leading a sustained culture of opportunity, equity and inclusivity for individuals of all sexual orientations, gender identities and gender expressions. As an organization that provides care to a vulnerable sector of our population, we are expected to learn about the specific needs and issues of our Residents and to treat them with dignity and respect. Fairhaven’s Core Values are:

- *Resident Focus*
- *Respect*
- *Integrity*
- *Enthusiasm*
- *Innovation*
- *Everyone Matters*

The challenges facing seniors, as they age, are exponentially higher for those in the LGBTQ community. LGBTQ seniors are five times less likely to use long term care services.

Memories of societal prejudice, abandonment by family members, the criminalization of a part of their identity, etc. make it difficult to be open about this personal information and make individuals frightened of entering a Home for fear of needing to “go back in the closet.” There are countless instances of long term care Residents that have been separated from lifelong partners as they enter this health care sector. In some cases, where individuals have suffered from family rejection, people are left without a support network at a time in their life that they need a safe and nurturing environment more than ever. These cases are heartbreaking and do not reflect the core values of Fairhaven. Our Task Group will be

engaging Residents and employees through surveys that will gauge our stakeholders awareness and feelings towards this critical health care, and human rights, issue.

Fairhaven's Resident Council is very active and has contributed generously to the Fairhaven Foundation. This Council provides a vehicle through which Residents maintain a degree of control over their lives, contribute to the welfare of those living in our Home, and use their talents in working as a group to speak with one "common voice."



Pat Leahy, Chair Resident Council



Cathy Blodgett, Chair, Family Council

Family Council focuses on providing a support network, communication link, and learning opportunities between Residents, family members, and staff. Family Council can be a catalyst for positive changes in Residents' daily lives, families' experiences and in the Home in general. Ultimately, their objective is to improve all Residents' quality of life while supporting family members. Both Councils continue to advocate for their friends and colleagues who reside at Fairhaven.

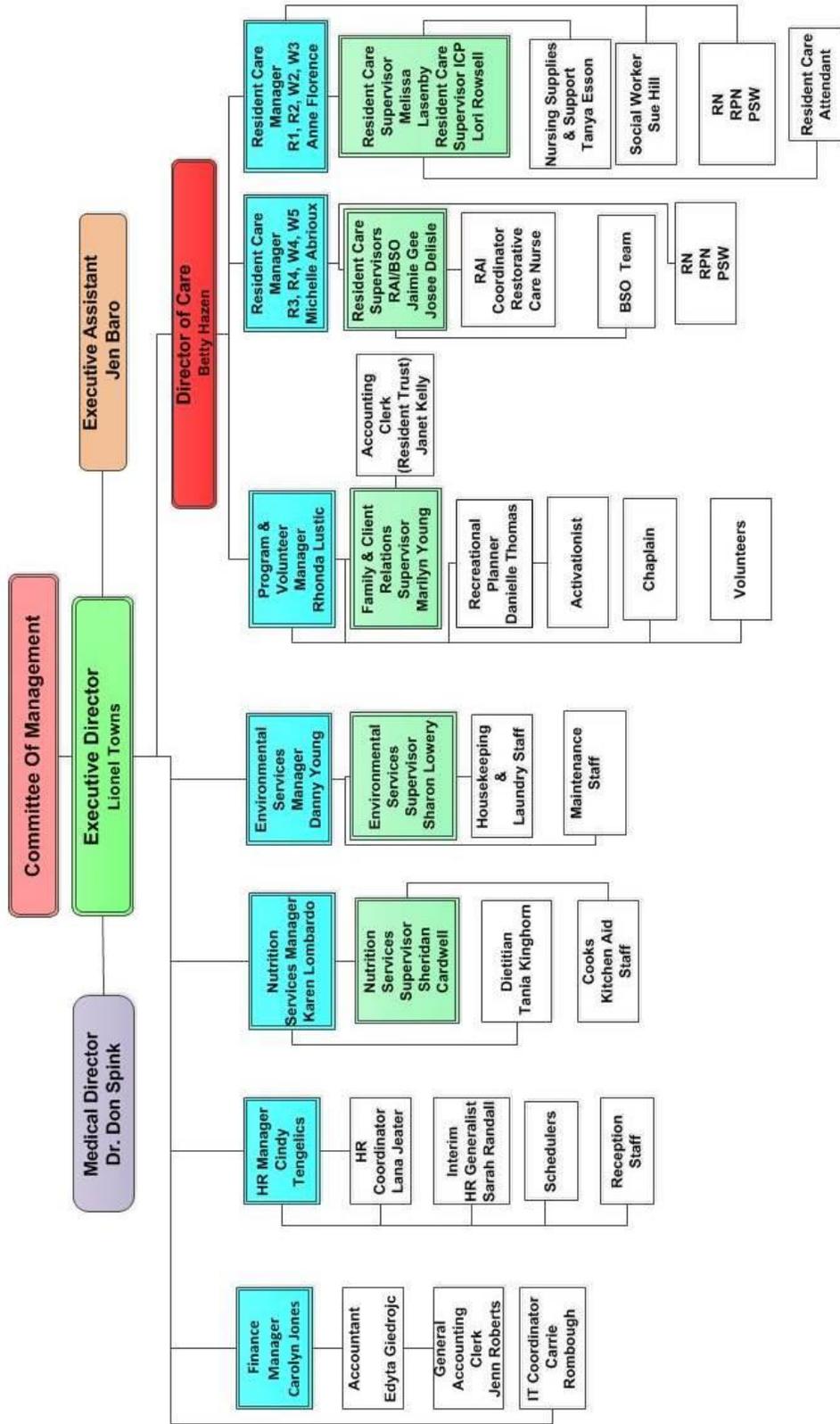
Fairhaven is a safe place, a positive space, and a provider of quality care that strives daily to reflect and meet the needs of all of our Residents. It is a true privilege to work in their Home.

Respectfully,



*Lionel Towns, CPA, CMA
Executive Director*

Organization Chart 2018



Revised January 2018

Annual Report from Medical Director

I am pleased to present the Medical Director's report for 2017.

We continue to have an excellent team of six doctors looking after the majority of Fairhaven's Residents, who are dedicated, approachable, and reliable. We also continue to have involvement by medical students and family medicine residents supervised by Dr. Tom Bell, through his involvement in the Queens Department of Family Medicine in Long-Term Care program. Dr. Bell, Dr. Shannon as well as myself, were all audited in a peer review generated randomly by the College of Family Practitioners and we all "came through with flying colours" and lots of praise from the two assessors.

Annual physicals and three-month reviews are generally up to date. Lynn Wyse is working as our NP Stat nurse to provide back-up services and to facilitate movement in and out of the hospital.

The Professional Advisory Committee (PAC) met on a regular basis in 2017, reviewing falls, medication incidents, drug utilization, wound and skin care, weight loss and physician compliance. We also reviewed the emergency drug box, BSO team activities and several policies were updated and reviewed for the safety of the residents. Of note, we revised the policy of holding sick day medications, admission blood work, naloxone and the Medical Assistance In Dying (MAID) policy that was developed by Betty Hazen, Director of Care. Drug utilization overall, continues to be slightly below the provincial average. However, because of our large secure unit, our antipsychotic use and pain medication usage is above the provincial average. Despite our efforts, I don't think we will get below, but hopefully approach, the provincial average in the next year. A suicide risk-screening tool was introduced, in an anticipation of the province's mandating this. I also developed a Palliative care order sheet.

We have a new pharmacy consultant again this year, and hope to work with him in striving to eliminate the use of fentanyl patches as much as possible and, as well we will stop the use of Dilantin and Phenobarbital, and substitute with other medications, with his assistance. We will advocate for residents to consider the new Prevnar 13 vaccination this year.

Dr. Adams, a neurologist from Toronto continues to provide Botox treatment for spasticity with several residences in the home and that is going well. The LEEP program in palliative care, a two-day session, was held at Extencicare, for Fairhaven and Extencicare, in early 2017, and we are going to have an update in Palliative care in March of this year. We will also try to develop a Mediselect INR program to eliminate the need for phone calls after hours and in the night for INR results that are not in range.

Fairhaven remains as excellent place to work for doctors and staff, and we do have a wonderful dedicated and caring staff. Lionel Towns and Betty Hazen deserve a lot of credit for establishing an atmosphere of openness and the attitude to strive for excellence.

Respectfully Submitted,



D.R. Spink, MD, CCFP
DRS:kh

I. INTRODUCTION

GOVERNANCE – COMMITTEE OF MANAGEMENT (BOARD OF DIRECTORS) - 2017

Chair	Keith Riel	City Councillor
Vice-Chair	Ron Gerow	County Councillor
Member	Dave Haacke	City Councillor
Member	Doug Hutton	County Councillor
Member	Tia Nguyen	Community Representative
Member	Doug Percy	Community Representative
Member	Claude Dufresne	Community Representative
Ex-Officio	Lionel Towns	Executive Director
Assistant	Jen Baro	Executive Assistant
Invited Guests		
	Betty Hazen	Director of Care

SENIOR MANAGEMENT TEAM:

Lionel Towns, Executive Director
 Jen Baro, Executive Assistant
 Betty Hazen, Director of Care

MANAGEMENT TEAM:

Carolyn Jones, Finance Manager
 Rhonda Lusic, Programs & Volunteer Manager
 Karen Lombardo, Nutrition Services Manager
 Sheridan Cardwell, Nutrition Services Supervisor
 Marilyn Young, Family & Client Services Supervisor
 Danny Young, Environmental Services Manager
 Sharon Lowery, Environmental Services Supervisor
 Anne Florence, Resident Care Manager
 Michelle Abrioux, Resident Care Manager
 Lori Rowsell, Resident Care Supervisor
 Jaime Gee, Resident Care Supervisor
 Josee Delisle, Resident Care Supervisor
 Melissa Lasenby, Resident Care Supervisor
 Cindy Tengelics, Human Resources Manager

LEADERSHIP TEAM:

Includes the above management team plus registered staff, Dietitian, Information Technology Coordinator, Recreational Planner, Human Resource Coordinator, Human Resources Generalist and Accountants.

DEPARTMENTAL COMMITTEES:

- Committee of Management Board
- Foundation Board of Directors
- Senior Management Team
- Management Team
- Leadership Team
- Palliative Care Team Infection Prevention and Control
- Quality Committee
- Communication Committee
- Best Practice Teams – RN, RPN, PSW
- Councils: Family/Resident
- Nutrition Services Food Committee
- Emergency Planning Committee
- Accreditation Team
- Focus Groups: Admissions, Falls Prevention Program, Sling, Restraint Committee, Resident Quality & Safety
- Professional Advisory Committee
- Joint Occupational Health & Safety Committee
- Ethics Committee

FOUNDATION BOARD:



FAIRHAVEN FOUNDATION BOARD OF DIRECTORS - 2017

Chair	Phil Aldrich	
Vice-Chair	Chris White	
Member	Keith Riel	Liaison - COM
Member	Joe Sullivan	Resident Advisor
Ex-Officio	Lionel Towns	Executive Director
Assistant	Jen Baro	Executive Assistant/Secretary
Invited Guest	Carolyn Jones	Finance Manager

RESIDENT PROFILE

Fairhaven is located in Peterborough, at 881 Dutton Road, in the heart of the Kawarthas. The City Transit system provides easy access to Fairhaven's front entrance. Fairhaven, owned jointly by the City and County of Peterborough, has a licensed capacity of 256 beds. The average age of our Resident population is 84 years: 68% of our Residents are female, with an average age of 85 years and 32% of our Residents are male with an average age of 80 years. Our oldest Resident is 103 and our youngest is 37.

The information below provides the age demographic of our Residents in 2017:

Age Groups	Number of Residents
0- 50	1
51 – 60	7
61 – 70	22
71 – 80	44
81 – 90	112
91 – 100	59
100+	3

Primary Diagnoses

Our primary diagnoses are:

- dementias
- diabetes
- arthritis (all)
- depression
- cardiac
- stroke
- hypothyroidism
- osteoporosis

Language Spoken

Our Residents are primarily English speaking with the following additional languages:

- 4 German
- 4 Italian
- 1 Polish

OCCUPANCY RATES

We continued to be very fortunate at Fairhaven to have an occupancy rate of 99% which is reflective of our reputation and delivery of excellent care. We have a waiting list, on average, of 697 potential Residents. Fairhaven was again approved for one short stay bed in 2017, which moved to a semi-private basic room on the Riverside 3 Home area in April, 2015. Since the move we have seen a significant increase in the short stay occupancy rate to 59%.

Admissions and Discharges

In 2017 Fairhaven had 93 permanent admissions, 16 short stay admissions, 95 deaths, and 5 transfers to other Long Term Care (LTC) Homes. Our Residents are admitted from the City and County of Peterborough, as well as from other locations across the Province and Country.

FINANCIAL MANAGEMENT

Efficiency of Fairhaven Operations and Peer Benchmarking

The latest data available, from AdvantAge Ontario benchmarking studies, has confirmed that Fairhaven expenses, in every envelope, are in low percentiles (Nursing and Personal Care – 38th percentile, Programs and Support Services – 18th percentile, Raw Food – 49th percentile and Other Accommodation – 36nd percentile). This is a testament to Fairhaven's financial stewardship and operational efficiency. Every additional dollar that our Home is required to spend exacerbates our difficulty in ensuring that our total expenses are not greater than our fixed funding streams.

Our 2013 through 2017 departmental budget submissions reflected "hold the line" forecasts; no enhancements were included unless mandated by legislation or Ministry direction. Quality improvement initiatives that have been undertaken include studies of Fairhaven's admission processes, falls injury prevention, staff injuries, documentation improvement, and waste reduction.

Indicators, related to wait times, incontinence, activities of daily living, cognitive function, pain, falls, pressure ulcers, restraint use, medication safety, health human resources and infection rates, are also submitted to Health Quality Ontario (HQP).

To further ensure efficiencies, Fairhaven continues to participate in the AdvantAge Ontario comprehensive yearly benchmarking study and our Home's Executive Director was a member of the AdvantAge Ontario Benchmarking Advisory Committee. In 2016 which revamped the yearly survey to collect more relevant data and simplify the collection document to improve participation (and thereby enhance statistical relevance of the data). The participation rate for member homes increased from 53% to 88% .

Provincial and Municipal Funding

The Long Term Care (LTC) health care sector is highly regulated. Legislation mandates minimum staffing levels in a number of different departments. Fairhaven is appreciative of the County and City's acknowledgement of all municipal Homes' need for operating budget assistance. Operating funding from our municipal partners totalled \$1,600,000 in 2017 (County - \$533,300, City - \$1,066,700) and capital budget support was \$304,000 (County - \$104,000, City - \$200,000).

Present and future challenges include:

- Ministry per diem funding is relatively static and does not cover both inflation and needs/acuity increases of our Residents; this policy is not expected to change
- There are no Ministry plans to increase the Case Mix Index funding “pot” for the Province’s Homes
- “Caps” on components of funding remain an entrenched part of provincial transfer calculations; and
- Increasing expectations regarding Resident care, etc. make future financial planning a challenge.

Fairhaven will continue to take all possible measures to offset insufficient Provincial funding and minimize its effect on the County and City of Peterborough. Fairhaven’s Executive Director is a member of the Ministry of Health and Long Term Care’s Case Mix Index Technical Working Group and continues to lobby for a more equitable funding model that is related to Residents’ needs.

Municipal Governments’ Cost Pressures and Their Role in Long Term Care

Municipal governments are not reluctant to spend money and contribute to services for their residents that require long term care. Municipalities have doubts regarding their ability to continue to afford the current, and expected future, level of financial support for their long term care beds in light of escalating costs, limited funding capacity, and low real growth in their tax bases (ie. non-reassessment growth). There is a growing concern regarding municipal governments being "required" to pay for long term care beds and related services for seniors. These are clearly health services which are a provincial funding responsibility. Many would argue that it was never the intention that municipal governments would be required to help fund health costs, including expenses related to long term care. It can be reasonably argued that long term care Homes have now become chronic care hospitals and, as such, should be fully funded by the Province. The lines of "who does what and who pays for what" continue to blur. At the same time this is happening, municipal governments struggle to find, and fund, their appropriate place in this important service.

Municipal Dollar Share Increasing

For years municipal governments have been funding what, in the past, had been termed “Homes for the Aged” and are now called “Long Term Care Homes.” To better meet the needs of their Residents, as identified by their Residents, they have added investment dollars in preventative and in-home services and have often been at the forefront of new and innovative service arrangements and partnerships. However, for some municipal governments, particularly smaller municipalities, their ability to continue investing in non-mandatory services is being compromised by the escalating cost of the mandatory services (long term care facilities) and by their above mentioned stagnant or decreasing real assessment base values.

Case Mixed Index (CMI) Levels

For the 2017/18 Ministry fiscal year, Nursing and Personal Care (NPC) per diems were funded through a (CMI) of 102.15, while our actual CMI was approximately 109.00. Based on restrictions to the number of Resident Days that are coded to Special Rehabilitation, it is unclear when, or if, we will be funded at a level that reflects our most up to date acuity numbers. Additionally, even though CMI data is meant to be a reflection of Homes' current care needs, the information that was utilized by the MOHLTC to calculate funding for the 2017/2018 period was taken from April 2015 to March 2016; by the time we receive our CMI announcement, input data is, for the most part, over two years old. We continue to face an increasingly more complex and challenging Resident care mix. Furthermore, Fairhaven's 2017/2018 CMI, after a small decrease, was over 2% lower than our funding in 2012/2013 (104.23).

Our Home has had to absorb years of inflationary pressures, wage and benefit increases, enhanced expectations/care requirements of the MOHLTC, etc. with less CMI funding than was received four years ago.

Per Diem (PD) Funding

The MOHLTC typically communicates per diem rates for each year in early July. In 2017, the Nursing and Personal Care (NPC) and Programs and Support Services (PSS) funding increased by 2% (given commitments made by the Province in 2016), while the Raw Food (RF) and Other Accommodation (OA) rates increased by 6.5% and 1% respectively. While the raw food per diem increase was welcome, and the Province has noted that "the investment in raw food is significantly higher than the rate of food inflation," they fail to note that we have struggled through several years where per diem increases were less than inflation.

It is worthy of noting that, during a webinar held on February 13th, 2015, the MOHLTC noted that funding is adjusted, for Homes' needs or "acuity" increases, through yearly per diem increases and that the CMI funding "pie" must remain static (maintain "revenue neutrality") or Homes will be paid for acuity increases twice. This is seemingly unlikely given the level of per diem increases for the last three years that are reproduced in the following chart.

FAIRHAVEN PER DIEM INCREASE HISTORY 2012-2017				
Year	NPC	PSS	RF	OA
Average	1.83%	1.83%	2.94%	1.32%
2017	2.00%	2.00%	6.50%	1.40%
2016	2.00%	2.00%	3.70%	1.10%
2015	2.00%	2.00%	2.00%	1.50%
2014	2.00%	2.00%	0.90%	0.70%
2013	2.00%	2.00%	1.56%	1.13%
2012	1.00%	1.00%	3.00%	2.10%

NPC: Nursing and Personal Care RF: Raw Food
PSS: Program and Support Services OA: Other Accommodations

As these increases have not offset basic inflation in our sector specific expenses, it is difficult to understand how the funding adjustments were expected to cover the extra funding necessary to care for Residents' ever-increasing acuity/needs.

Fairhaven Lobbying for Funding Changes

Fairhaven has undertaken numerous measures to advocate for changes to the current system of long-term care funding and to educate the province on challenges faced by long-term care Homes. Between January 17, 2013 and April 8, 2014, Fairhaven sent 18 separate letters and emails to the Ministry of Health and Long-Term Care, the Member of Provincial Parliament, Jeff Leal, and AdvantAge Ontario to outline concerns regarding significant decreases to Fairhaven's funded CMI. Since that time period, there have been over 25 more emails and Reports forwarded to Ministry officials regarding changes needed to long term care funding.

In addition, Fairhaven's Executive Director met with former Associate Minister for Long-Term Care, Dipika Damerla, on two occasions in 2015 and 2016 to relay concerns about long-term care funding. Fairhaven presented a comprehensive overview of the Home's current funding and operational climate, as well as a look into future pressures facing the Home. Subsequent meetings have been held with senior ministry staff to continue the work of identifying necessary changes and improvements to the funding system. Fairhaven also has an opportunity to provide direct input into CMI policy development as its Executive Director is a member of the Ministry's CMI Technical Working Group.

Staff Training and Education Funding

The administrators of Homes face a dilemma on how to provide the additional staff hours required to fulfill the obligations of increased orientation, training and education while not decreasing Resident care hours. Based on past per diem funding trends, it is unlikely that provincial base subsidies will ever increase enough to cover such costs. While the Province has provided transition funding, including some base funding increases, as well as one-time funds, what is truly needed is stable, predictable and adequate funding.

Targeted training and education funding, from the Ministry of Health, ceased over two years ago. Mandated education sessions must be held or our Home will be in non-compliance. We continue to try and partner with other Homes as much as possible within Provincial guidelines.

Fairhaven takes pride in ensuring that staff are trained and educated, in their specific areas of work at orientation and annually thereafter. We have over 340 staff and 256 Residents at Fairhaven.

In order for our staff to have the knowledge they need to do their jobs, and to provide quality care to our Residents, our Home ensures that all staff receive the mandated annual education stipulated by the Long Term Care Homes Act and Regulations which includes:

- Infection Prevention & Control
- Vision, Mission and Values
- WHIMIS
- Whistleblowing
- Accessibility for Ontarians with Disabilities Act (AODA)
- Zero Tolerance for Abuse and Neglect
- Resident Rights
- Emergency Preparedness
- Code of Conduct
- Work Place Violence and Harassment
- Written Procedures for Handling Complaints; and
- Health and Safety.

Training for direct care staff includes:

- Abuse and Recognition
- Mental Health Issues - including caring for persons with dementia
- Behaviour Management - how to minimize the restraining of Residents and where restraining is necessary
- Palliative Care
- Falls Prevention
- Skin Wound Care
- Continence and Bowel Management
- Pain Management

- Restraint Minimizing - with training in application, use and potential dangers of physical devices; and
- Personal Assistive Safety Devices.

Over the past few years, "responsive behaviours" has been a trending topic in the media. It is important, with the increased number of Residents with behaviors, that employees receive adequate education/training in order to provide optimum care to our Residents. Our Home provides Gentle Persuasive Approach (GPA) training and GPA recharge training for all staff in order for them to have the knowledge to assist in responding to Residents who are exhibiting a responsive behaviour. With this increased knowledge, we have seen a change in our culture, as it relates to responsive behaviours of Residents, and staff's response to Residents with responsive behaviours.

Additional training in Montessori methods would also be beneficial for staff in order to reduce the usage of psychotropic medications, which is a goal of the MOHLTC.

Long Term Care has also seen a change in the acuity of Residents being admitted. Homes are admitting Residents with complex care needs (i.e. MS, bariatric, Huntington's, Chorea, etc.). Long Term Care Homes needs to be able to provide training to staff for these complex diagnoses.

As mentioned above, all education is provided at orientation, and annually thereafter, with no additional funding from the Ministry.

Ministry and Industry Association Reporting

Financial and statistical reporting continues to be a major consumer of personnel hours in Finance. While the Ministry's emphasis on accountability is admirable, it is accompanied by ever-growing submission requirements, including the following:

- Staffing Reports
- Stats Canada Reports
- Annual Reconciliation Reports
- Management Information System Semi-Annual Submissions which include financial and statistical information
- Revenue Occupancy Reports
- Capital and Repair Expenditures Report
- Capital Expenditures Budget Forecast
- AdvantAge Ontario Benchmarking Surveys
- Several reports required for special one-time funding and initiatives, including Education Funding
- BSO Backfill Reports
- Municipal Property Assessment Corporation (MPAC) questionnaires; and
- Non-Arm's Length Reporting.

Areas of Responsibility

The reporting tasks noted above are in addition to ongoing responsibilities related, but not limited, to the following:

- Month-end processes
- Year-end processes (adjusting entries, working papers, draft financial statements, draft notes to the financial statements, liaising with external auditors)
- Current internal Fairhaven reports:
 - Monthly departmental statements
 - Monthly Statement of Financial Activities for Committee of Management (COM)
 - Monthly working papers for Foundation
 - Monthly financial statements for Foundation; and
 - Customized statements, for separate funding envelopes, have been implemented which has provided enhanced information to Nursing and Personal Care regarding the remaining amount of funds that are available for the remainder of the year

- Purchasing responsibilities
- Contract administration
- Maintenance and updating of Fairhaven financial policies
- Budget processes, administration and compilation
- Insurance coverage analysis
- Provision of financial guidance, evaluation of financial and statistical data, analysis and interpretation of financial results
- Ad hoc requests for spreadsheet/financial analyses; and
- Supplementary BSO backfilling funding submissions.

II. RESIDENT CARE

ANALYSIS OF 2017

Fairhaven's nursing division is a community of health care professionals comprised of Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN) and the Nursing Leadership Team consisting of two Resident Care Managers, four Resident Care Supervisors and the Director of Care.

Using a holistic approach, every Resident is assessed for their care and clinical needs prior to a comprehensive Plan of Care being created after admission. The Resident, family and the multidisciplinary team all contribute to the creation of the Plan of Care. This ensures we are offering and providing the best possible level of assistance and resources to maintain optimal quality of life.

Our registered staff team excels in delivering effective and compassionate clinical care for all acuity levels; acute, chronic, supportive and palliative. Through advancements in clinical techniques and ongoing education, registered staff members remain current in their skill set and scope of practice. PSW staff participate in ongoing education that is specific to providing hands on and supportive resident care. Through personal contact with Residents, PSWs are adept at identifying their changing needs. PSWs provide important insight and guidance in addressing and adapting the Plan of Care throughout a Resident's health and wellness journey.

Fairhaven's nursing department supports Fleming College and Trent University students through clinical placements and mentorship.

Education and information sharing are key components to maintain the effectiveness of the nursing division. The following is a non-inclusive list of education and supports.

- Webinars - many topics addressing wound care, pain, dementia, delirium, consent and capacity, etc.
- LEAP training-a certified Palliative Care Training provided to eight Fairhaven members who will share information with the Home's staff, Residents and families
- Wound care-Fairhaven benefits from a trained and certified wound care practitioner
- Infection control professional-the ICP manages all infection control issues and is the managing lead during outbreaks in the Home
- Intravenous Therapy training by the Nurse Practitioner to the RN staff allows Fairhaven to now accept Residents requiring IV therapy
- Leadership Training is provided by the Registered Nurses Association of Ontario to Fairhaven's nursing leadership team to assist in maintaining effective leadership roles; and
- Dr. D. Spink, our Medical Director, provides support and in-services to staff on relevant topics (ex: Osteoporosis).

Fairhaven seeks out and takes full advantage of educational opportunities from many sources. We have established connections and relations with the following groups:

- Registered Nurses Association of Ontario (RNAO)
- The Bruyere Institute
- Age-friendly Peterborough
- Think Research
- Centres for Learning, Research and Innovation (CLRI)
- Baycrest
- Dying with Dignity
- International Federation on Aging
- Cancer Care Ontario
- Health Quality Ontario

- Community Legal Education Ontario (CLEO)
- Elder Abuse Ontario

The Nursing Department goals focus continually on Resident Centred Care, the Resident Bill of Rights and Fairhaven's Mission, Vision and Values

Quality

Fairhaven is an Accredited home with Exemplary Standing. We strive for continuous self-improvement and provide an enhanced quality of care. We are currently participating in the Accreditation Canada quality assurance process again, and surveyors from Accreditation Canada will be at our home in May 2018. There are five Accreditation teams that have reviewed the 2018 standards and criteria. Our standards include Governance, Medication Management Standards for Community-Based Organizations, Long-Term Care Services, Leadership Standards for Small, Community-based Organizations, and Infection Prevention and Control for Community-Based Organizations. This process allows us to evaluate our current practices, highlight our strengths and develop action plans to address any weaknesses. This promotes continuous learning and development on all levels of care and services. We are engaging residents and family members to foster a further resident and family centred care approach. Several changes have already occurred to improve decision making processes for Fairhaven, resulting in improved health outcomes and safety.

Complex Therapies

Our staff's willingness to develop their education provides us opportunities that other Homes may not have. We utilize external stakeholders to assist in education on new initiatives such as behavioral therapy sessions, palliative practices and end of life programs.

Fairhaven has a specialized secure area which is Home to 32 Residents. These Residents may have conditions such as dementia, Alzheimer's disease, and/or may be exit seeking. This Resident Home area has maintained full occupancy and we continue to have a large waiting list with the Central East Local Health Integration Network for potential Residents.

Wound and Skin Program

All of our Residents have a skin assessment done on admission, and then quarterly, on readmission from hospital and upon return from a Leave of Absence that lasts longer than 24 hours. Our registered staff conduct weekly wound assessments when a Resident has a skin breakdown which has been expanded to include any alterations in skin integrity including skin tears and rashes. The assessments are done in order to monitor the effectiveness and appropriateness of the Resident's wound care treatment plan. This process assists in identifying when it is appropriate and beneficial to make changes to the treatment plan in order to optimize wound healing. Registered Staff members, with advanced wound care knowledge and training, continue to routinely mentor front line staff. Wound care education sessions are provided in house to ensure new treatments and/or processes are

communicated to our registered staff. Our wound care committee meets monthly to look at specific wounds and educate staff.

Fairhaven continues to utilize therapeutic surfaces to promote healing and comfort to our Residents. This enables us to be more proactive, rather than reactive, in our approach to wound care by providing preventative and early intervention strategies. Due to fiscal constraints, and changes to the High Intensity Needs funding program, therapeutic surfaces are provided to Residents based on intensity of need.

Pressure ulcers are categorized into four stages depending on the level of tissue involvement, or depth, of the wound. The tissue being referred to includes the skin and underlying dermis, fat, muscle, bone, and joint. Knowing the appropriate stage assists in the prognosis and management of the ulcer.

The average for newly occurring Stage 2-4 pressure ulcers is 4%, higher than 2016. The average worsened Stage 2-4 pressure ulcers is 3.9, which is higher than 2016.

This average is higher than the Central East Local Health Integration Network (CELHIN) (2.6%), provincial (2.7%), and Canadian average (2.8%). The average for Residents that had a Stage 2-4 pressure ulcer is 4% which is the significantly lower than last year.

Wound assessments are completed weekly. Treatment is completed, care plans are updated and interventions are put into place to promote healing. Overall, Fairhaven has had another successful year in regards to our Wound and Skin Care Program.

Falls Prevention Program

Fairhaven's Falls Prevention Program continues to provide staff education on interventions and prevention strategies to prevent falls and to reduce injuries from falls. In the event that a Resident falls, the family/Power of Attorney (POA) is notified; the physician is notified; a post-fall assessment is completed by the RN; and the Resident is assessed by the physiotherapist. Recommendations are implemented and the Resident specific care plan is updated as needed.

Monthly post-fall "huddles" are held on each Resident Home area to analyze and determine the root cause of Resident falls, to review changes in a Resident's ability, and to review medications. Front line staff have the opportunity to discuss, with the Falls Prevention team, the cause of falls and offer suggestions to reduce falls, as well as determine the effectiveness of Resident specific fall interventions.

The Fall Committee meets and discusses the fall huddles and follows up on the interventions and suggestions.

The main challenges our Residents face are increased acuity needs, acute episodes of illness, decreased strength and balance, and cognitive impairment altering Residents' abilities to recognize they require assistance with transfers or ambulation. The average number of falls that resulted in no injury increased. However, there continues to be a

demonstrated value in effective interventions that are put in place to prevent injury for those at high risk for falls. There has been an increase in falls from 2016. The average percentage of Resident falls in the past 30 days was 14.76% up from 14.4 in 2016.

Fairhaven has a variety of monitoring devices that are used to ensure safety for Residents who are at high risk for falling and to reduce the risk of injury. Specialized mattresses that provide a raised edge, as well as bed and chair alarms, are used for Residents that are at high risk, and staff implements physiotherapy recommendations to lower beds to the floor, and place a landing mattress beside the bed, for prevention of injury.

We are excited about the addition of alternative bed alarms that are available at additional cost to the Resident or family members. These types of alarms use an infrared beam to alert staff to Resident movement from the bed.

The Physiotherapy Department, part of our multi-disciplinary team, provides a wide range of strength and balance training that is personalized to meet a Resident's needs. These exercises are available in a group or individual setting which promotes social interaction among the Residents.

Medication Utilization/Incidents

In Sept 2017, monthly drug utilization at Fairhaven was an average of 9.9% (down from 13.3% in 2017). The CE LHIN's average was 10.0 (2016 – 10.3%) In summary, Fairhaven is lower than the CE LHIN average for Resident drug utilization.

Medication incidents are followed up by the Nursing Management Team; ongoing teaching, direction and Best Practice policy review result from each reported incident. Further education and coaching are provided, to further reduce occurrences, during Registered staff practice meetings and with any change to the Best Practice and CNO Guidelines. Quality indicators for medication incidents are reviewed at quarterly Professional Advisory Committee and Best Practice meetings, and recommendations are brought forward to appropriate personnel. "When necessary" (PRN) medication usage is monitored closely and any medication that is not utilized after a three month period is discontinued by the attending physician. Quarterly medication reviews are completed for each Resident by their primary physician with recommendations for enhancements.

Our partnership with Medical Pharmacies provides us with the following: education and training regarding insulin and Medication Management Workshops, invitations to external workshops, participation in Fairhaven internal workshops, and training videos for staff.

Auditing performed by Medical Pharmacies personnel is provided to ensure consistent and correct practices with respect to:

- medication carts
- medication storage
- glucometer testing and storage
- treatment carts
- medication passes

- handling of narcotics and controlled substances
- documentation and charting; and
- other aspects around the administration of medications and treatments.

Provided services include:

- technical and dispensing services
- website resources
- support for eMar (electronic medication distribution/software) technology
- Stericycle pick up for medications and sharps (needles, scalpels etc.)
- disaster and pandemic planning information; and
- participation on the Fairhaven Medication Management Accreditation Team

Infection Control

Fairhaven experienced four outbreaks during 2017; three respiratory (one caused by Influenza A&B) and one enteric illness. 74% of staff and 89% of Residents were vaccinated against seasonal Influenza.

All indicators are reviewed by the following committees: Quality, Infection Prevention and Control, and Professional Advisory Committee, who provide recommendations for enhanced quality improvement.

The multi-disciplinary health care team worked together to ensure that quality and compassionate care were part of everyday undertakings.

Relevant Indicators

Infections

- Average monthly UTI's was unchanged from 1.0% in 2017.
- Number of Residents with MRSA was 13 in 2017 and 12 in 2016.
- Number of Residents with VRE for 2017 was 3 compared to 1 in 2016.
- Number of Residents with C-Difficile was 2 in 2017 compared to 1 in 2016.

Physiotherapy Services

Physiotherapy is provided by Achieva Physiotherapy. We have one full time physiotherapist and 3 physiotherapist assistants working in the Home. These personnel provide physiotherapy programs by implementing one to one exercise programs including ambulation training, sit to stand, strengthening exercises, range of motion, gait retraining, chest physiotherapy, Activities of Daily Living (ADL) assessment for wheelchairs and mobility aids, hot pack, and deep tissue massage. The general group exercise programs are provided by the physiotherapy assistants with four exercise classes per week on each Home area.

Programs include a walking group as well as strength and balance groups. Physiotherapy services also play an active role in our quality improvement initiatives such as falls reduction and prevention, strength, balance and mobility, and restraint reduction.

Behavioral Support Services Team (BSO)

The Behavioral Supports Ontario (BSO) project has been in place since 2012. The BSO Team has worked diligently with staff and caregivers to develop methods and interventions for responsive behaviours. Our mandate is to train our staff with the following methods: Montessori interventions, Gentle Persuasive Approaches (GPA), U-First and PIECES (Physical, Intellectual, Emotional, Capabilities, Environment and Social-Cultural) programs. The BSO Team trained over 120 Fairhaven employees in GPA in 2017. We have developed, and continue to develop, the project and build the new support system (standardization) for BSO. We continue in the transfer of knowledge to other Homes in our area by: providing monthly Long-Term Home visits, attending their BSO meetings, and having them attend our training sessions at Fairhaven. We are responsible for providing hands on care in our Home, participating and contributing to quality improvement activities (Fairhaven BSO QI project and Community of Practice), spreading BSO knowledge to phase 2 Homes, and building capacity.

The Fairhaven BSO team continues to be part of the monthly implementation meetings facilitated by the CE LHIN. This helps in planning future Community of Practice events and updates on the sustainability of the phase 2 Homes (Homes which came into the program after 2013).

The BSO measures for success are: (1) reduced Resident transfers from long term care to acute or specialized units for behaviors; (2) delayed need for more intensive services, reducing admissions and risk of alternate level of care; and (3) reduced length of stay for individuals in hospital who can be discharged to a Long Term Care Home with enhanced behavioral resources.

The BSO team has been collaborating with the pharmacist consultant from Medical Pharmacy in decreasing the percentage of Residents' with psychotropic medication prescriptions in our Home. The number went up from 29.29% in 2016 to 31.66% in 2017. This result is reflective of the acute and complex population with diagnosis of Dementia and mental illness.

The team has adopted a new tool to monitor suicide risk in elderly Residents by doing an assessment on admission, and quarterly, thereafter that will help in implementing strategies to treat and monitor Residents at risk.

Fairhaven's BSO Team works closely with the Monthly Psychiatric Assessment Services for the Elderly (PASE) clinic to assist our Residents with behaviors. Assessments are completed and recommendations are provided to staff and family members to enhance the individual's quality of life.

The BSO team has collaborated with the Geriatric Assessment Behavioural Unit at PRHC in successfully transferring Residents to their facility for treatments and, when ready, in transferring the Resident back to their Home at Fairhaven.

During 2017, BSO education and training included:

- Facilitation of 4 clinical appointments for Residents and specialists via OTN
- Baycrest training sessions on various subjects via OTN (monthly); and
- Ethical cases.

Relevant Indicators

Behavioral Support Metrics

• Number of Residents with responsive behaviors (annual)	1,805
• Percentage of Residents - escalated or new behaviors (annual)	17.6%
• Number of Residents transferred to Emergency Department (annual)	7
• Number of Residents admitted to hospital related to responsive behaviours (annual)	2
• Number of residents admitted to Geriatric Assessment behavioural Unit (GABU)	2
• Number of incidents related to responsive behaviors (annual)	401

Ontario Telemedicine Network (OTN)

OTN is an innovative technology that assists in streamlining the healthcare process, eliminating unnecessary travel, and providing our Residents with access to certain specialists without leaving Fairhaven. OTN facilitates the delivery of distance education and meetings for health care professionals, and also expands the way knowledge is shared, and how the health care professional community interacts with each other and Residents. OTN uses videoconferencing, webcasting and web conferencing as well as administrative collaboration and meetings.

In 2017 Fairhaven held 6 “live” education sessions for staff, and 4 OTN physician consultations with Resident. Staff were invited to participate in these appointments, to share the experience, and to receive suggestions from the physician.

Nutrition Services

The Nutrition Services Department manages and maintains eight dining and servery areas, as well as the main kitchen. Our main food distributors are Sysco and Summit Foods. Produce is sourced through a local Peterborough supplier, RJ Produce, a relationship that has been successful for over 20 years. Bread is sourced through Dempster’s, another long standing relationship. Over 90% of food and supplies purchased for the Nutrition Services Division are under contract prices through Silver Group Purchasing.

Nutrition Services produces 280 meals, 3 times per day for a total of 306,600 meals produced per year for Resident dining service. Of those meals, 20% are modified to a minced texture and 16% are modified to a pureed texture. This is done so that our Residents, with various levels of dysphagia (chewing and swallowing impairments), may safely eat. 9% of our Residents also require their fluids thickened in order to safely swallow their beverages. In addition to texture modified diets, approximately one third of our Residents are on a therapeutic diet, which warrants the service of special diet items or altered portion sizes. As a result, on a daily basis, Nutrition Services produces up to 138 mealtime specials for our Residents. These special diets include reducing, diabetic, food allergies, reduced lactose, vegetarian and renal.

The Nutrition Services Department engaged the services of Speech Language Pathologist (SLP) Jane Groome to deliver staff education on Choking vs Coughing. The valuable education gained from this session was used to revise our risk management reporting form and progress note template so that registered staff may more clearly identify and report when a resident is choking as opposed to having a coughing episode. The registered Dietitian references this documentation when assessing Residents to ensure the appropriate follow up and interventions are initiated.

Helping our Residents maintain their independence and dignity is very important to Fairhaven staff. In Nutrition Services, this is demonstrated by offering assistive devices to Residents who require, or could benefit from, them. For example, foam handled cutlery for Residents with arthritis or contractures; weighted cutlery and “sippy cups” for Residents with tremors, and scoop plates/divided plates for Residents with the use of only one hand or those with visual impairment. 16% of our Residents use some type of assistive device and all Residents on a puree diet are served their meal in a divided plate.

Several of our Residents go out on a frequent basis, whether it is for work, to attend community programs or for regular medical appointments. Nutrition Services prepares 30 bag lunches per week for those Residents.

Nutrition Services offers all Residents an in-between meal snack 3 times per day. Part of that includes the provision of special snacks to satisfy therapeutic diet requirements or special requests. In total, Nutrition Services prepares 69 special therapeutic snacks on top of the regular snack offerings. This includes supplements and high protein snacks to help with skin health and wound healing. If residents are still hungry, our dining rooms have kitchenettes stocked with general supplies so that Residents may get something to eat 24 hours per day as required.

The kitchen and dining room service areas are always found to be in good sanitary condition when inspected by Peterborough Public Health. In 2017, Peterborough Public Health inspected the Nutrition Services Division four times.

The Nutrition Services Department hosted one student in 2017 from Fleming College’s Culinary Management program. The placement was 2 weeks in duration during which time he was mentored and evaluated according to the learning outcomes of their program.

Food Service Awareness week, and Nutrition Month, were both celebrated with highlights including a complimentary tea service for all Fairhaven staff, a challenging Nutrition Bingo game for both staff and Residents, and a complimentary lunch for Nutrition Services staff.

A staff meal program was initiated in December, 2017. In an effort to reduce waste, leftover meals following the completion of Resident meal service are being offered to staff for a nominal fee. Proceeds from this program are returned to the Nutrition Services budget for Resident use.

Programs and Services Offered

Fairhaven utilizes a Resident-focused approach, and promotes a Home-like environment. Our approach takes each Resident's social, intellectual, physical, psychological and spiritual priorities, including lifestyle, values and needs, into consideration. The Programs Division offers alternate therapies including pet visits, one-on-one programs, Intergenerational Programming, gardening, Music and Memories, community outings, plus many in-house special events.

Fairhaven's group activities are designed to welcome Residents of all cognitive and physical abilities. Individual programs are provided to Residents who require individual attention. Programs are designed to promote successful outcomes for all participants. The Programs Department proudly offers a wide variety of activities suitable for all Residents throughout eight Home areas.

Resident Programs – 2017 in Review

In 2017, Resident Programs staff offered 5,278 programs to Residents at Fairhaven. We categorize our programs into five domains – social, physical, emotional, intellectual, and spiritual. These programs are offered in small, medium and large groups. In 2017, our programming format changed slightly to include an increase in the number of smaller group activities held on each RHA.

Included in the above programs, were 117 special events, such as entertainment, barbeques or theme parties. Residents also had the opportunity to participate in 23 outings, to locations or events in the community, during 2017.

Aside from these group activities, individual programs and visits are also offered. Residents received 16,012 one-to-one visits from the Resident Programs staff during 2017. Outings The Residents enjoyed twenty-three outings into the community including trips to the Slots at Kawartha Downs, The Farmer's Market, Lockside Trading Company, a Fall Colour Tour, and a drive to see Christmas lights. Shopping trips to Wal-Mart, Giant Tiger, and Lansdowne Place were enjoyed by the Residents as well.

Special Events

Special events for 2017 included: The Snofest Soup Contest, Valentine's Day, St. Patrick's Day, Halloween parties, BBQ's and Take-out lunches, a Vintage Car Show, Family Carnival, Clothing Sales, Christmas Kick-off Party, and many musical performances.

At Fairhaven, we are the proud owners of a variety of birds living on levels 2, 3 and 4. Our two aquariums are located on Riverside Special Care and Westview 5. The East Central Therapy Dog program continues to provide dog visits several times weekly. Family members and visitors also visit with their pets.

This year the Resident Programs department was fortunate to add Robotic Pets to our programs repertoire. Fairhaven residents have two life-like cats to pet and care for. These cats look real; they move, purr and react to voices. It's the next best thing to a real pet and Residents are enjoying visiting with their new kittens. One cat lives in Riverside Special Care and the other travels throughout the home. We are hoping to add a couple of puppies next year!



Music Therapy

Group Music Therapy sessions are provided on Level 3 and in Riverside Special Care Resident Home Area twice monthly. Programs are geared to Residents of all cognitive levels. Fairhaven has many community partners who provide their musical talent on a regular basis to the Residents. Music programs are provided several times each month throughout the Home.

Music and Memories continues to be a very successful program. 41 Residents are currently using iPods to enjoy their favourite music. We have the equipment to provide this program for up to 46 residents at a time. Resident Programs staff provided 938 participant contacts for Music and Memories in 2017.

Intergenerational Program

Fairhaven has continued our intergenerational partnership with the Grade 3 french immersion class from Edmison Heights School. This year the students assisted with our “Personal Stories Through Puppetry” project. The students visited every other week from October - December, and helped to create stories with the Residents. They made puppets together, and designed sets and backdrops for the performance. On December 8th and Dec 11th the students preformed three shows for the Residents, staff, family, friends and other students. This project was a fun and unique learning experience for all.



Resident Council

Fairhaven has a very active Resident Council. The council meets monthly and discusses issues and ideas that affect the Residents at Fairhaven. The Council holds a monthly 50/50 draw and raises money to support both internal and external events. Council held 7 meetings in 2017 with an average attendance of 14 Residents.

The 2017-18 Council executive members are:

Chair: Pat Leahy

Vice Chair: Kenn Grainger

Secretary: Helen Train

Treasurer: Janet Buckley

Our Family Room is located on the 3rd level which is available to family members who are visiting, or wanting to stay with their loved one during the end of life process. This suite provides privacy and is equipped with a fridge, microwave, coffee maker, kettle, and dishes, at no cost. The room contains a pull-out bed with linens, a table, chairs, a phone, a TV, and a recliner.

Spiritual and Religious Care

The need for weekly services and support continues to be met for all religious denominations. Fairhaven is fortunate to have a number of community partners who provide worship services for our Residents. Fairhaven also coordinates with community churches for visits and support. A number of interfaith Holiday services were held at Christmas, Thanksgiving, and Easter.

To assist with our worship services, we currently have community Ministers including: 1 Roman Catholic; 1 Anglican; 4 United; 1 Baptist; and 1 Dutch Reform. We are fortunate to have several other volunteers from local churches that run a fellowship group and hymn sing weekly.

Relevant Indicators

- The number of pastoral care services was 350 in 2017 compared to 292 in 2016.
- Number of Sunday Worship Services was 45 in 2017 compared to 51 in 2016.
- Number of Residents attending Sunday Services was 1,397 compared to 1,549 in 2016.
- Roman Catholic Mass was offered to the residents 29 times in 2017 which was attended by 485 residents, compared to 670 in 2016.
- Anglican Communion was offered to Residents 8 times with 67 residents attending compared to 84 in 2016.
- Miracles Thru Christ fellowship programs was offered 26 times compared to 28 times in 2017.

Volunteer Services

Volunteers assist with programs, special events/outings, meals, worship services, physiotherapy, hair salon, and friendly visits. Fairhaven is very fortunate to attract volunteers from local high schools, as well as College and University students, plus many adult volunteers from the community. Our Teen Volunteer Program, which operates in July and August, continues to be very successful. A Canada Summer Jobs Grant provides funding to hire a Post-Secondary student to co-ordinate the Summer Teen Volunteer Program. This program assists with day to day activities, outings, visiting one-on-one, assisting in various departments and, most importantly, they enhance the quality of life for our Residents. Our teen program included 18 volunteers who contributed 801 volunteer hours in July and August.

Relevant Indicators - Volunteers

- Number of volunteer hours was 3,603
- Number of new volunteers was 41 compared to 51 in 2016
- Number of volunteer resignations was 40 compared to 37 in 2016
- Number of volunteer enquiries was 111 in 2017

Support Services

Support Services include: dentistry, foot care, a hair salon, and a café. There is a coordinated program for dentistry and foot care services to meet the needs of individual Residents. Every Resident has an oral and foot care assessment done on admission, quarterly thereafter, or more often if required. Basic foot care is provided by registered staff. Advanced foot care is provided by Foot Fundamentals, or an approved external vendor qualified in advanced foot care nursing skills.

The Therapy Room on level 5 is equipped with a dental chair and equipment for use by local dentists or a mobile dental service. These services meet the needs of Residents who are unable to access dental services in the community.

Our hair salon located on the 5th floor and operates Monday through Friday. Residents have the opportunity to enjoy all beauty salon and barber services on site. Prior arrangements for regular appointments can be arranged. Volunteers assist with bringing Residents to and from their rooms.

Resident Satisfaction Surveys

Resident Satisfaction Surveys are sent out on an annual basis. The survey results are discussed at Committee of Management meetings, all staff levels, Resident Council, Family Council and in our newsletter. 256 surveys were distributed and 99 surveys were completed. The number of surveys completed by Residents was 27 and 72 were completed by Family member. A Focus Group comprised of 2 Managers, 1 Supervisor, 1 family member, 1 Resident, and 3 front line staff, analyzed the results and determined areas for improvement.

- Promote the positive: Let staff know all of the great things that were said and promote areas of improvements from the last survey.
- Q1: Resident Activities: 62% of respondents said they were not asked or didn't know if they were asked for input or suggestions for activities.
- Food: Several of the comments identify that food is not hot enough.
- Q10: Lost Laundry Items : 55% of respondents expressed that they had personal items missing. Many comments identified lost laundry as an issue.
- Q7 and Q9: In each question, 10 respondents said they are not comfortable expressing their feelings and opinions and that they are fearful of retaliation if they provide feedback. There were also several comments in Q8 related to this issue.

Overall the survey feedback was excellent; some of the positive comments include:

- “I, as the wife of the Resident, cannot state how excellent and caring this support staff has been.”
- “Cannot stress enough how satisfied I am with Fairhaven.”
- “Love the staff, great girls.”
- “Staff does an excellent job.”
- “It’s a wonderful place.”
- “There is almost always a positive atmosphere in the dining hall which is lovely!”
- “It’s my Home and I feel like I’m at Home.”
- “Friendly atmosphere and you know they care about our loved ones.”
- “Warmth and overall professionalism of complete staff.”
- “Having coffee in the café and walking in the gardens help make Fairhaven a nice place to visit.”
- “Activities are geared to Residents abilities. Fall carnival was an excellent idea.”
- “Thank God you have the BSO.”
- “...receives excellent support form Fairhaven staff and professionals.”
- “Staff could not be better. They do an excellent job.”

The focus group will be sharing the positive comments. Staff printed many of the comments and posted them throughout the Home.

Notable numbers:

- Would you recommend our Home to a family member or friend? 81.3% of respondents said they would recommend our Home to a family member or friend.
- 85.7 % said that the home is clean and well maintained
- Do you feel staff treat you with respect, politeness and courtesy? 83.7 % said yes.
- Do staff respect your personal privacy? 81.6% said yes.
- 90.7 % of respondents said they feel safe in the Home and on the Home’s external property.

III. HUMAN RESOURCES MANAGEMENT

ANALYSIS OF 2017

The Human Resource (HR) team continues to focus on “Service Excellence” by providing effective service and support to the staff of Fairhaven in the areas of payroll & benefits, labour relations, workplace accommodations, WSIB, workplace injuries, conflict management and recruiting/retaining employees. Services also include orientation of all new employees into Fairhaven and facilitating the required annual education of staff.

Recruitment and Retention

In 2017, the HR team worked alongside the Divisional managers to institute quarterly job fairs. Recruitment techniques included posting vacancies in-house, online, in the local newspaper, at Fleming College and Trent University, and utilizing professional job posting boards. Recruitment is ongoing for top talent.

Staff Training and Education

Fairhaven has continued to provide a variety of employee training sessions that motivate and engage staff. Our framework consists of comprehensive, ongoing, and consistent programming. Pursuant to S. 76 (2) of the Long Term Care Home Act, all employees receive training in the areas described below upon commencement of employment and annually thereafter:

- The Residents' Bill of Rights
- The Long Term Care Home's Mission and Vision Statement
- The Long Term Care Home's policy to promote zero tolerance of abuse and neglect of Residents
- The Duty Under Section 24 to make mandatory reports (reporting certain matters to the Director of MOHLTC)
- The Protections afforded by Section 26 (whistle-blowing)
- The Long Term Care Home's policy to minimize the restraining of residents.
- Fire prevention and safety
- Emergency and evacuation procedures
- Infection prevention and control (includes hand hygiene, modes of infection transmission, cleaning and disinfection practices, use of personal protective equipment)
- All Acts, regulations, and policies of the MOHLTC and similar documents, including policies of Fairhaven that are relevant to the individual's responsibilities; and
- Handling complaints, role of staff in dealing with complaints, safe and correct use of equipment (i.e. lifts, assistive aids, cleaning and sanitizing equipment).

Education and Training (Growth and Development):

Additional training for direct care staff includes:

- Zero tolerance of Resident abuse and neglect
- Mental health issues including caring for persons with dementia
- Behavior management
- How to minimize restraints
- Training for those applying physical devices and for those who monitor Residents restrained by physical devices
- For staff who apply personal assistive safety devices, training in their application, use and potential dangers
- Palliative Care

- Falls Prevention and Management
- Skin and Wound care
- Continence Care and Bowel Management
- Pain Management
- Oral Health
- Resident Identifiers

Fairhaven exceeds the standards that are set by increasing their education in-services through in-house sessions and via Ontario Telemedicine Network (OTN) conferences. Community stakeholders who were approached to provide in-service and education/training sessions included Medical Pharmacies, Elder Abuse Network Group, Alzheimer's Society, Canadian Hearing Society, Ontario College of Nurses, Arjo, 3M, and Vital Aire.

External education and training opportunities, including workshops and conferences at other health care sector location are also available.

An online learning option is available to staff across all departments including all mandatory annual education topics. This option is available from any computer within the Home as well as externally via the Fairhaven Intranet.

Orientation

A 2-day general orientation is held for new hires to promote a successful transition into Fairhaven which has been rated "stronger" by all new hire employees compared to orientations at other organizations. This orientation consists of a tour, scheduling set-up, set-up with our payroll/benefits coordinator, and a comprehensive policy review. New hires meet each department manager and a representative of Senior Management. The department managers and Fairhaven Foundation give individual presentations about how their department functions and how it contributes to the provisions of service to Residents. This extensive orientation covers all mandatory training components and information to ensure success for the new hire and Fairhaven's legislative compliance.

Attendance Support Program

The attendance program has continued to promote non-absenteeism using the non-culpable and culpable provisions set out in the applicable policy. The program is administered by the Human Resource Department and is supported by the department managers. Its target is to promote operational effectiveness in the Home by encouraging positive attendance trends that benefit both Residents and staff.

Employee Files

All employee files were reviewed and updated as required by legislation.

Employee Satisfaction Surveys

Employee satisfaction surveys are distributed to staff on an annual basis in October. The response rate was 61% (213 responded) as compared to 50% (170 responded in 2016). A committee, comprising of staff from all departments, reviewed the survey results. Priorities were developed, and an action plan was created, with implementation steps to follow.

Employee Satisfaction Survey Action Plan

The following are opportunities for enhancement based on responses from the 2017 Employee survey:

- Teamwork and Communication
- Collaboration
- Quality of Work-life

Areas of Excellence:

- 98% of staff feel they have a willingness to learn.
- 87% of staff feel they receive adequate training to do their job well.
- 86% of staff feel they align with Fairhaven Mission Statement.

Relevant Indicators

Percentage of Staff using On-line Learning	54% (186 staff)
Number of Staff Orientated	54
Retention Ratio of Staff Oriented in 2017	67%

Staff Injuries

- Staff injuries have increased with 225 in 2017 compared to 168 in 2016
- WSIB claims have decreased to 39 in 2017 compared to 49 in 2016
- Staff requiring modified work has decreased to 51 claims in 2016 compared to 79 claims in 2016.

IV. INFORMATION TECHNOLOGY MANAGEMENT

ANALYSIS OF 2017

Data security was the focus of Fairhaven's Information Technology Division in 2017. Protection of data under The Personal Health Protection Act continues to be ongoing to ensure the Home's compliance with standards. Indicators are reviewed to improve the quality of service provided.

IT personnel studies the flow of information, both internally and externally, and reviews ways to improve security yet maintain communication with Residents, families, staff, outside resources and the community. The team continues to look for ways to protect data, and control costs while maintaining our high-level of service.

Achievements

- Installed a second Sonic Wall (fire wall) appliance on the public network ensuring both the private and public network are protected with an advanced unified threat management (UTM) security system. This ensures our network and data are protected from the latest threats over wired and wireless connections.
- Due to the overwhelming amount of unauthorized use of our public WIFI by Residents streaming music, movies and large amounts of data, Fairhaven discontinued Resident's unlimited access on March 1, 2017.
- Fairhaven does supply an internet connection in each room whereby residents can subscribe to an outside internet service provider.
- Implemented an updated WIFI Policy which allows visitors temporary access to our public network. The WIFI network's password is changed on a weekly basis. Visitors must sign a new agreement each week to gain access. The security code is entered in to each device by the IT Coordinator.
- Fairhaven continues to educate staff in data security, by implementing the use of Resident numbers when information is being relayed to various departments through our internal email system.
- During the last quarter of 2017, the Information Technology Division in conjunction with other Divisions, began preparing for Point of Care implementation in early 2018, including wireless access.
- Installed an additional security camera in the lobby of the home.
- Replaced and updated the security camera in the Nursing Supply Room.
- Implemented a home wide panic alarm to be used for one on one resident care. This required a repeater device to be installed on the 3rd floor.
- In the last quarter of 2017 the IT Division began reviewing our computer infrastructure in preparation for major changes in 2018. The changes will involve updating current computers to Windows 10; implement a major upgrade to our employee management and payroll system; and reviewing options for Exchange Server replacement and licensing.
- Ongoing process of building a "How To" Folder for Staff on Q:\ drive for Information Technology help.

Relevant Indicators

- | | |
|--|-------|
| • Technical Support Calls – Hardware/Software | 1,901 |
| • Technical Support Calls – Printer | 77 |
| • Unplanned Critical Systems Down Time (working hours) | 2 |
| • Unplanned Critical Systems Down Times (after hours) | 0 |

V. ENVIRONMENTAL SERVICES (ES)

ES Department is staffed by the Environmental Services Manager, Environmental Services Supervisor, three full time Maintenance Staff, eight Laundry Attendants and nineteen Housekeeping Staff for a total of thirty two staff.

The ES Division is responsible for Capital Projects, preventive maintenance, minor repairs, grounds keeping, snow removal, interior/exterior painting, cleaning of Resident's personal laundry, cleaning of linens, general cleaning and sanitizing all areas of the Home. In addition to the above, the ES Division is responsible for Emergency Preparedness.

Emergency Preparedness

A mock evacuation exercise was held on Thursday, November 30, 2017. The training exercise was designed and facilitated by the City of Peterborough Emergency Management Division, and consisted of Code Brown (Chemical Spill) and Code Green (Evacuation) scenarios.

Exercise Purpose:

This mock emergency exercise was designed to foster a positive and supportive learning environment for participants to practice implementing Code Brown and Code Green emergency codes, as well as other Fairhaven policies and procedures as they relate to dealing with hazardous materials incidents and internal evacuation of residents in the Home. To obtain a copy of the full exercise and report, please contact Danny Young, Environmental Services Manager, at dyoung@fairhavenltc.com, or 705 743 0881 (EXT 252).

Fire Drills continued to be held three times monthly, once per shift, with a debriefing session and follow-up on arising issues after each drill. Scenarios presented have been designed to imitate real life situations.

Peterborough Fire Service held the mandatory fire drill and inspection on Wednesday, May 10th, 2017. Fairhaven passed all testing and is in compliance with the Fire Code for vulnerable occupancies.

Fairhaven's diesel generator is tested on a regular schedule and is maintained in accordance with Technical Standers Safety Association (TSSA) requirements.

Housekeeping & Laundry Services

- Job routines revamped as part of the new standardized cleaning process
- Annual deep cleaning completed on all areas of the home
- New non-acid toilet bowl cleaner is in use, it has a stronger virucidal disinfectant than our previous cleaner.
- New clean linen storage area has been built for infection control protocol
- New division wall has been built between soiled linen and clean linen area as per MOHLTC requirements
- New 60 lb washer has been purchased to replace the ten year old 50 lb washer

Maintenance

- Total of 3,963 work orders were received and completed in 2017
- All common areas of the home were repaired and painted
- Preventive Maintenance Program (PM) is working well with less unplanned equipment malfunctions; and
- New raised flower beds were installed by in-house staff; raised flower beds have had a positive outcome for residents of the home.

Capital Projects

- Second phase of balcony remediation was completed; total number of balconies repaired in 2016 and 2017 was 12.
- Spa rooms on RSSC and RS5 have had new anti-slip flooring installed
- Generator fuel delivery system was upgraded to meet new TSSA standards
- Replaced all sidewalks that were identified as having even a small potential for a trip hazard

Joint Occupational Health & Safety Committee (JOHSC)

In 2017, the multi-disciplinary JOHSC continued to promote and ensure the health and safety of staff members, Residents and visitors of Fairhaven. The JOHSC met monthly to prioritize the Health and Safety of our Home and to bring attention to any area of concern surrounding Health and Safety. Accomplishments of the JOHSC included:

- Completing monthly inspections of all Resident Home Areas to check for and eliminate any potential or actual hazards to staff, volunteers and Residents
- Safety incidents, in relation to staff, were shared monthly in the Home, with statistical information including location and timing of incidents, as well as all WSIB claims
- Recommended, and had installed, more lighting in the parking lot for increased staff safety and security
- Health and Safety policies and procedures were reviewed and updated; and
- The minutes of the JOHSC meetings are reviewed now on a monthly basis by the Executive Director, to ensure that action items are supported and followed up on in a timely manner.

In 2017 the JOHSC had eight committee members, including unionized and management, personnel as per government legislation. The members continued to exceed expectations in their commitment to safety and their ability to collaborate together to create innovative solutions. Our committee's objective is to promote a safe work culture and we strive toward our goal: "To reduce employee unsafe work behavior and minimize employee exposure to risk."

VI. LEADERSHIP AND PARTNERSHIP (MANAGEMENT AND GOVERNANCE)

ANALYSIS OF 2017

Ministry of Health Long Term Care Reviews

Fairhaven follows the Long Term Care Act (LTCH), 2007 and other governing legislation. Our Committee of Management is kept informed of all achievements and challenges and continues to provide governance according to its By-Laws and legislation. Random Resident Quality Inspections (RQI), critical incident reviews and complaint investigations are performed by the Ministry of Health and Long Term Care (MOHLTC). We are currently accredited by Accreditation Canada at the “exemplary level” which is the highest award provided.

Our main objectives include the provision and delivery of an excellent quality of care for Residents; a safe working environment for staff and volunteers; and the development and building of relationships with our community stakeholders. Our focus remains on: following the Residents’ Bill of Rights; enhancing education and development of staff; Residents; family members; and volunteers. By strengthening our communication, encouraging innovation, and implementing best practices, Fairhaven will continue to demonstrate a commitment to our Residents and staff. Emphasis on continuous quality improvement and performance indicators will continue into 2017.

Strategic Plan – Annual Review

Our stakeholders have expressed their desire to ensure that we deliver high quality of care and are prepared for the effects of necessary policy change by taking a leading role in the health care sector. Fairhaven continues to be a respectful and caring environment for Residents and staff by building on engagement, inspiration, and motivation. We continue to review our Strategic Plan and follow through with our Goals and Objectives. Accountability, sustainability, and transparency are evident in our best practices and innovation. Our Strategic Plan is built on Fairhaven’s Mission (committed to enhancing the quality of life in a caring and safe environment) and Core Values (Resident focus, respect, integrity, enthusiasm, innovation....everyone matters), enabling us to achieve our Vision (recognized as a leader in providing quality care through spectacular service, innovation, education and collaboration with our Residents, clients, staff, and community partners).

Ethics Committee

This committee consists of 10 multidisciplinary team members. Committee members including: the Executive Director, Director of Care, external Bioethicist-Ethics Consultant, Resident Care Managers, Social Worker, and front line staff.

Accomplishments:

- Committee members attended education sessions related to Ethics
- Emergency meetings were held for case specific situations. The committee developed a framework and provided support for front line staff; and
- Sharing knowledge and developments on trending ethical issues within the community at large and within the Fairhaven community.

Fairhaven will continue to raise awareness and promote our Ethics Committee portfolio. We will continue to offer to support and resources to our staff, Residents, and families on ethical concerns that are raised. This support is planned to include informal “ethics drop-in sessions for all staff to consult with our Bioethicist on any issue that they are concerned about through an “ethical lens”.

Sharing Information About Our Home

Fairhaven is fortunate to have an excellent reputation in the community due to the diligence of, and commitment from, our staff, volunteers, Residents and family members. Positive feedback from potential Residents and family members is a testament to the dedication and commitment of Fairhaven’s staff. Fairhaven provides tours of our Home to potential Residents and their families on a regular basis. A tour package is available at Reception.

Relevant Indicators

Number of MOHLTC Reviews

Inspections: We had 1 inspection related to complaints and 1 Resident Quality Inspection conducted in 2017.

Number of Marketing Tours

- 182 tours were carried out in 2017 with an average of 15 tours per month
- 195 tours were carried out in 2016 with an average of 16 tours per month

Fairhaven Foundation

The Foundation is a registered charitable organization located in the Fairhaven Home and is dedicated to enhancing and supporting the lives of our Residents.

Fairhaven, in partnership with the Foundation, continues to bring awareness to the community about events that will assist in supporting our Home and our Residents. Through these opportunities our partners help us to advocate for Fairhaven.

Highlights from 2017 include:

- A payroll 50/50 raffle was implemented; 119 employees signed up for total giving of \$3,110
- The Annual Teddy Bear Campaign raised \$5,364.
- The Walk n' Roll event was a great success; over \$10,000 was raised
- 28 families named Fairhaven Foundation to receive donations in honor of their loved ones; donations totaled \$6600.

2017 Walk 'n' Roll



IN SUMMARY,

- ✓ *Fairhaven is committed to providing the highest quality of care (Resident focused) to all of our Residents.*
- ✓ *We will continue to advocate for increases in funding for Fairhaven.*
- ✓ *We will continue to invest in our dedicated and valued employees and volunteers and draw upon their expertise in our daily operations.*
- ✓ *We will monitor our performance indicators as we incorporate innovative practices to achieve the best outcomes for our Residents, staff, volunteers, and community.*
- ✓ *We look forward to new opportunities and partnerships as health care continues to change.*

Fairhaven has the highest commitment to uncompromised, personal care which exceeds Ministry guidelines and Industry standards.

APPENDIX A

STRATEGIC AIMS/GOALS

<p>STRATEGIC AIMS</p> <p>_____</p> <p>OUR GOALS</p>	<p>High Quality Compassionate Care</p>	<p>Continuous Quality Improvement</p>	<p>Optimize Human Resources</p>	<p>Innovative Trend Setter</p>
	<p>Enhance Care & Services in a Safe and Healthy Environment</p>	<p>Public Awareness</p>	<p>Develop Human Resources Framework</p>	<p>Implement Revenue Generating Strategies</p>
	<p>Continue to Develop Multidisciplinary Teams</p>	<p>Meet the Needs of the Community</p>	<p>Enhance Staff & Volunteer Training</p>	<p>Establish and Cultivate Partnerships</p>
	<p>Optimize Funding</p>	<p>Continuous Improvements Initiatives</p>	<p>Minimize Inefficient Costs</p>	<p>Provide Resident-Centered Services & Programs</p>

By following our Mission, Core Values, and Strategic Aims,
our Vision will be achieved.

APPENDIX B

Fairhaven Acronyms

COM – Committee of Management

ED – Executive Director

FH – Fairhaven

FF – Fairhaven Foundation

GA – General Administration

HR – Human Resources

HS – Housekeeping

LLS – Laundry and Linen Services

NPC – Nursing and Personal Care

NP – Nurse Practitioner

NS – Nutrition Services

OA – (Other Accommodation) – One of four funding streams from the Ministry of Health and Long Term Care (NPC, PSS and RF are the others).

P & P – Policies and Procedures

PCC – (Point Click Care) – Software that manages Resident health and clinical information

PM – Preventative Maintenance

POM – Plant and Maintenance

PSS – Programs and Support Services

PSW – Personal Support Worker

RD – Registered Dietician

RF – (Raw Food) – Functional area of Fairhaven operation and specific funding stream of the Ministry. Raw Food revenue can only be spent on Raw Food; a Home cannot use RF revenue to pay for PSS or NPC expenses.

RFP – Request for Proposal

RHA – (Resident Home Area) – Riverside 2, Westview 3, etc.

RN – Registered Nurse

RPN – Registered Practical Nurse

WSIB – Workplace Safety & Insurance Board

Information Technology

LAN – Local Area Network. Communication hub for Fairhaven computers

GUI – Graphical User Interface. This is what users see on the screen when they are inputting information or retrieving data from a program. It is designed to make input and retrieval more user-friendly.

Case Mix Index and RAI/MDS

RAIMDS – Resident Assessment Instrument – Minimum Data Set - assessment instrument used in Complex Continuing Care and LTC Homes to measure the needs, or acuity, of Residents each day. This information is used to compile Homes' CMI funding factor each year.

CIHI – Canadian Institute for Health Information

RAPS – Resident Assessment Protocols - structured, problem-oriented frameworks for organizing MDS information and examining additional clinically relevant information about an individual. RAPs help identify social, medical and psychological problems and form the basis for individualized care planning

ADL's – Activities of Daily Living - Activities of daily living is a term used in healthcare to refer to people's daily self-care activities. Health professionals often use a person's ability or inability to perform ADLs as a measurement of their functional status, particularly in regard to people post injury, with disabilities and the elderly.

CMI – (Case Mix Index) – a numeric value assigned to the level of care requirements of a Home's Residents. Depends upon the RAI/MDS data submitted by Homes and affects Nursing and Personal Care funded per diems

Nursing and Personal Care

ABS – Aggressive Behavior Scale - indicator of the prevalence of aggressive behaviour in the long term care Home population. Results are used to detect frailty and instability in health.

CPS – Cognitive Performance Scale - 7 direct measures of cognitive performance (short term memory, long term memory, orientation and decision-making ability) and 15 indirect measures of cognitive performance (comatose status, communication, 8 activities of daily living measures, problem behaviours and continence)

CHESS – Change in Health End Stage Disease and Signs and Symptoms - attempts to identify individuals at risk of serious decline and can serve as an outcome where the objective is to minimize problems related to frailty (e.g. declines in function) in the elderly population. Higher CHESS scores are predictive of adverse outcomes like mortality and hospitalization.

DRS – Depression Rating Scale - is a psychiatric measuring instrument having descriptive words and phrases that indicate the severity of depression for a time period. When used, an observer may make judgements and rate a person at a specified scale level with respect to identified characteristics.

Rather than being used to diagnose depression, a depression rating scale may be used to assign a score to a person's behaviour where that score may be used to determine whether that person should be evaluated more thoroughly for a depressive disorder diagnosis.

ISE – Index of Social Engagement - tool for measuring the social engagement of long term care Home Residents

MRSA – Methicillin resistant Staphylococcus aureus

OTN – Ontario Telemedicine Network

PASE – Psychiatric Assessment Services for the Elderly

PRN – Abbreviation for *pro re nata*, a Latin phrase meaning "as needed." The administration times are determined by the patient's needs.

PURS – Pressure Ulcer Risk Scale - to identify individuals under care at various levels of risk for developing pressure ulcers in order to facilitate the targeting of risk factors.

UTI – Urinary tract infection

VRE – Vancomycin resistant enterococcus

Ministry of Health and Long Term Care

BSO – (Behavioural Supports Ontario) – Provincial program to enhance services for older people with responsive behaviours linked to cognitive impairments, people at risk of the same, and their caregivers. Through development and implementation of new models designed to focus on quality of

care and quality of life for this population, staff-nurses, personal support workers and other health care providers are trained in the specialized skills necessary to provide quality care to these

Residents/clients. Key principles include: behaviour is communication, diversity, collaborative care, safety, system coordination and integration, and Accountability and sustainability

LHIN – (Local Health Integration Network) - health authorities responsible for regional administration of public healthcare services in the province of Ontario. Created April 1, 2007, the fourteen LHINs are mandated with planning, integrating, and distributing provincial funding for all public healthcare services at a regional level.

HQO – (Health Quality Ontario) - is an independent government agency, created under the Commitment to the Future of Medicare Act on September 12, 2005, that measures and reports to the public on the quality of long-term care and resident satisfaction. Data is submitted by Homes for several benchmarking areas including falls, incontinence, pressure ulcers and the use of restraints

LSAA – (Long Term Care Home Service Accountability Agreement) – Operating agreement between LHINs and the Long Term Care Home in their geographic area. Covers operating and reporting responsibilities and has a term of three years.

LTC – Long Term Care

LTCA – Long Term Care Homes Act; primary piece of legislation governing long term care Homes in the Province of Ontario

MOHLTC – Ministry of Health and Long Term Care

ADVANTAGE ONTARIO – ADVANTAGE ONTARIO is a provincial membership-based organization that has represented not-for-profit providers of long term care, services and housing for seniors for over 90 years.

OLTCA – Ontario Long Term Care Association

QIP – (Quality Improvement Plan) – A formal, documented set of quality commitments aligned with system and provincial priorities that a health care organization makes to its patients/clients/Residents, staff and community to improve quality through focused targets and actions. QIPs are submitted by LTC Homes by April 1st of every year.

RAI/MDS – (Resident Assessment Index/Minimum Data Set) – standardized assessment tool used on admission, quarterly, when significant changes in health status occur during and annual assessments for each Resident. Data is used by the Province to calculate CMI values for Homes.

RQI – (Resident Quality Inspection) – yearly inspection by MOHLTC to ensure that Homes are complying with provincial legislation, meeting Ministry standards and employing best practices